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THESES AT THE PARISIAN CONCOURS.

[See page 399, Vol. XI.]

THESIS OF M. SANSON.

ON THE ADVANTAGES AND DISADVANTAGES OF IMMEDIATE UNION OF WOUNDS.

Pp. 113.

THIS subject broaches a point which is greatly in dispute between the French and English surgeons. The favor with which Hunter's doctrine is received and followed up in England, constitutes the chief difference of practice between the surgeons of both nations. Let us therefore hasten to see in what point of view it is regarded by one of the best practitioners in the French capital.

M. Sanson commences by a definition of immediate union, which he calls "the operation by which the surgeon places in contact the opposite points of a wound, to determine adhesion without suppuration, or with the least suppuration possible," and then proceeds to expose the phenomena accompanying wounds without suppuration, and compare them with the accidents of suppurating wounds, in order to determine the relative advantages, &c.

Chaps. I. II. & III.—The first and second chapters contain a good description of the local and general phenomena exhibited by wounds which unite without suppurating. The third enumerates the conditions favorable to union by the first intention, which are,

1st. The existence of life in the two surfaces, and a free circulation.

2nd. The wound must be recent; the shorter time it has been exposed to the air, the more apt it is to heal without suppuration.

3rd. The wound must be exempt from contusion. However, says the author, very justly, the action of a contusing body, though even violently applied, does not always render union by the first intention impossible. Amongst the wounded of July 1830, M. Sanson treated a young man who had the middle of the thigh traversed near its centre by a ball; there was no eschar; the wound united in a few days by the first intention, and the two orifices alone suppurated. Hunter and Larrey have seen several similar cases.

4th. Foreign bodies in the wound are an obstacle.

5th. The conditions of age influence the facility of union or non-union; it is more easy the younger the individual is.

6th. Conditions of season and climate; witness the brilliant success obtained in Egypt by Baron Larrey and by Clot Bey.

7th. Finally, a most important condition is, that the surfaces of the wound be retained in *immediate* contact, during the whole time necessary for the organization of the coagulable lymph.

Means for favoring union by the first intention :—1st. Situation of the parts ; 2nd. Agglutinatives ; 3rd. Bandages ; 4th. Suture. An examination of the cases in which suture is applicable. Surgeons generally agree to reject the suture from the treatment of wounds of the limbs ; however, Delpech has lately employed them after the great operations, without the inconveniences generally attributed to them.

Chap. IV.—General means proper to assure the success of immediate union. It is not enough to place the surfaces in contact ; the surgeon must endeavor to remove all complications which may disturb the process of union. These most commonly are,—pain, excess or absence of inflammation, general debility, derangement of the primæ viæ.

Chap. V.—Local Phenomena of Suppurating Wounds.—Three main circumstances may vary the march of a suppurating wound, without changing the essential phenomena. These are, 1st, A considerable separation of the edges of a simple wound, abandoned to itself ; 2nd. An extensive loss of substance ; 3rd. Contusion or disorganization of various tissues.

Here follows a full description of the phenomena observed in these three cases. The change of aspect in the wound ; the formation of a thin fine membrane at the bottom, which soon becomes the pyogenic membrane ; the formation of small fleshy vascular masses called granulations ; the contraction of the wound, depending on the remarkable retractile property of the granulations ; cicatrization ; and the union of the divided tissues by a thin layer of a fibro-cellular matter, the "tissue inodulaire" of Delpech. So much for the first case. In the second, the process is slower, and varies according to the different tissues ; in the third, the elimination of the disorganized parts must take place, before any attempt at healing goes on.

Chap. VI.—General Phenomena of Suppurating Wounds.—1. Development of the traumatic fever, or during a later period the patient is exposed to accidents of a dreadful nature, which have been attributed in turns to phlebitis or purulent absorption. 2. Action of the wound on the brain or general economy, wasting the force of the patient, occasioning hectic fever, &c.

Resumé.—From the preceding observations it follows, that when a wound is healed by the first intention, we obtain the following advantages : 1. The solution of continuity is reduced at once to the smallest limits. 2. The united parts are withdrawn from the action of the air, &c. 3. Little local inflammation, pain, &c. 4. The treatment, of short duration, is not likely to derange the health of the patient. 5. After a cure the cicatrix is linear, and does not impede the action of subjacent muscles.—In suppurating wounds we have as disadvantages,—1. The long exposure of the wound to the air, &c. giving rise to pain, irritation, &c. and, as a consequence, severe traumatic fever. 2. The danger of its reaction on the head or principal viscera ; however, says M. Sanson, in the greater part of cases, we have merely the constitutional fever. 3. Finally, the accidents of too great suppuration, and the length of the disease. As to the dangers of *phlebitis*, he proposes to speak of it presently, noticing, however, that the accident most frequently occurs after amputations, and in cases of wounds combined with fracture. Besides these inconveniences, there is the danger of hospital gangrene coming on, and the extent of the cicatrix.

Here are decided advantages of union by the first intention, considered generally. But to decide the question of the thesis with any accuracy, it is necessary to establish some division of wounds, and consider union in each; the author, therefore, distinguishes, 1st, wounds properly so called; 2nd, wounds made by the surgeon, excepting amputations; 3rd, amputations.

Chap. VII.—Union considered in Wounds, properly so called. Historic view.—Union by the first intention employed by Hippocrates, Celsus, &c. afterwards abandoned; the origin of a mixed method, which consisted in uniting a great part of deep wounds, and maintaining the other part open by means of a tent, which might favor the discharge of the fluids, and avoid the inconveniences arising from their stagnation.

It is now generally admitted, that union by the first intention should be tried,

1. For all wounds produced by cutting instruments, whenever the edges can be brought together, and the wound does not contain a foreign body, &c. The lesion of a considerable artery is no obstacle, for the traject of the thread alone may suppurate.

2. For contused wounds. When the contusion is feeble, or not violent, it affects only the superficial parts.

A contusion, though it might be judged enormous from the cause producing it, does not always contra-indicate immediate union; and here the author draws a practical distinction of value. Bodies projected by powder, do not always produce wounds which represent the form and size of the projectile; they sometimes give rise to extensive lacerations, radiating from the wound itself. Here immediate union may be tried. The author has seen M. Larrey, in cases where one or even both jaws have been carried away, and where all the soft parts of the face were horribly lacerated, succeed in reducing the wound to a simple one, by cutting away the edges and angular projections, &c.

3. Wounds arising from divulsion. When a portion of the body has been suddenly torn away, the only way to diminish the extent of the wound is to apply at once all the parts that can be brought together.

Immediate union should not be tried,

1. In poisoned wounds.

2. In incised wounds, if they are so irregular, &c. that the opposite surfaces cannot be brought together without leaving intervals, unless the intervals be so placed that any fluid collected may be evacuated by a counter-opening.

3. Where there is a foreign body in the wound or effused blood, &c. which cannot be completely removed.

4. In cases of injury to a duct, where union would produce effusion.

5. In cases where it would require great force to bring the edges of the wound together.

6. Gunshot-wounds (as a general rule) and contused wounds.—Having thus established the indications and counter-indications of immediate union, M. Sanson describes the rules of dressing. In all cases, he advises to wait until the flow of blood be completely arrested before the wound is

closed ; he also cuts off one end of the ligature ; where the wound is extensive and the ligatures numerous, he assembles them in different bundles to be brought out at the corresponding angles. In order to moderate the inflammation, M. Sanson praises much the application of cold water for three or four days, so as to keep up a constant low temperature, joined to humidity.

These generalities laid down, the author examined wounds in the different regions of the body.

Wounds of the Integuments of the Skull.—Simple incised wounds to be united at once, and covered with a compress dipped in cold water. When the wound presents a flap, the base of which is downward, the point generally retracts and leaves some part of the bone denuded. Here the suture should be employed. Petit recommended making a counter-overture at the base of the flap to prevent the accumulation of pus, &c. ; but M. Sanson does not think that necessary. But these wounds are often attended with dangerous complications, as intolerable pain from incomplete division of the nerves, inflammation extending under the aponeurosis, and terminating in suppuration, denudation of the skull, meningitis, &c. The development of these accidents may, in many cases, be prevented by leeches, applied behind the ears for several days, and sinapisms to the lower extremities, with laxatives or diluents to the intestinal canal ; but if in spite of these means inflammation declares itself, we should not hesitate to remove all the means employed for union, and to divide the tissues down to the very bone.

Wounds of the Face and Neck—penetrating Wounds of the Chest.—When these are accompanied by effusion of blood into the chest, surgeons are divided on the treatment. Paré advised keeping the wound open, to prevent the accident of suffocation, &c.; others, amongst whom is one of the judges, act diametrically opposite, and close the wound in order to stop the hemorrhage. M. Sanson does not attempt to resolve this question, or give a decided opinion.

Penetrating Wounds of the Abdomen are to be united immediately whenever the viscera are free, easily reduced, and preserve their integrity.

Wounds of the Limbs.—Under favorable conditions, all these wounds should be united by the first intention. Larrey has proved that incised wounds penetrating into joints, and even injuring the bone, may be cured by immediate union. He divides at first, to discharge any blood effused into the cavity of the joint, removes any portion of bone or cartilage injured, and then fixes the limb immoveably. In this way he cured, at Cairo, a wound of the shoulder-joint. There was no suppuration, and the limb preserved its motions. A more important question is to decide whether or not we ought to try immediate union in wounds complicated with fracture, and surgeons are much divided in opinion upon this point. The numerous cases of unsuccess where union has been tried, induce many to prefer amputation. However, there are certainly cases of exception : thus, whenever the fracture and wound are free from contusion, or when the fracture is indirect, and the wound is produced by the fragments being driven outwards, it is easy to reduce the injury to the conditions of a simple fracture. M. Sanson has treated several cases of compound fracture of this kind successfully, by closing the wound and employing cold to prevent inflammation. In all other cases it is generally admitted that amputation is required; however, the remarkable results obtained by the immoveable apparatus of M. Larrey, again render the question undecided, and new facts are required.

PART II.

On the Immediate Union of Wounds resulting from Surgical Operations, except Amputations.—Immediate union is applicable to a vast number of surgical operations, which the author examines, but which we cannot even enumerate here. The cases to which it is not applicable are, according to M. Sanson,

1. When the operation has been performed to evacuate a fluid, or where a natural duct is obliterated, as after trepanning for effusion, bronchotomy, &c.
2. When it is right to obtain cicatrization from the deep towards the superficial parts, as in fistulæ in ano.
3. When a foreign body is not extracted by the first incision made, but it is necessary to operate a second time.
4. When it is probable that suppuration is inevitable.
5. When a duct is opened and the effusion of its fluid is inevitable.
6. When we wish to destroy adhesions, bridles, &c.
7. When it is necessary to re-establish a duct or an obliterated orifice.

PART III.

On the Advantages and Disadvantages of Immediate Union after Amputations.

From the preceding brief sketch of the opinions detailed by M. Sanson in the thesis before us, it will be seen that the practice of French surgeons, with respect to the union of wounds, &c. differs very little from that followed in England. In the treatment of amputations, however, the difference is much more marked, and if success be taken as a criterion of the two methods, the superiority undoubtedly rests with English practice. We have no means of obtaining the results of amputations performed at the London hospitals; but we may say, without fear, that the mortality, on an average, has never amounted to one-third of those operated upon—the result of the practice of two of the most celebrated surgeons in France, MM. Dupuytren and Roux.

The honor of applying immediate union after amputations belongs, says M. Sanson, to Lowdham; the process was improved by Cheselden in England, and by Petit and Louis in France, who gave a better form to the stumps; it soon became the favorite practice in England, and also in Germany, where it was vigorously advocated by Langenbeck and Graefe. In Italy the partisans and opponents were nearly equally divided. In France it was adopted by Desault, and practised by Baron Percy, who, after the affair of Neubourg, obtained wonderful success by this method (ninety-two amputations, eighty-six cures). At the present day, in France, it is recommended by Professors Dubois and Richerand, and Maunoir of Geneva; while Pelletan, Boyer, and Larrey, reject it; MM. Dupuytren and Roux employ it only in a few particular cases.

To what are we to attribute such a difference of opinions ? Is the question to be resolved by the results ?

In a thesis of M. Avery, 353 cases of amputation are collected from the practice of Alanson, Freer, Kenedy, Lucas, Percy, Lawrence, Maunoir, Dubois, and Hammick ; the number of deaths were eighteen, or nearly one-twentieth. Again, in ninety-five amputations, thirty-eight treated by immediate union by M. Roux and Dupuytren (who lost one-third), and fifty-seven treated in the same manner after the siege of Antwerp (one-sixth lost), the average of deaths was about one-fifth ; and if we examine the practice of Alanson, Lawrence, Percy, &c. we find that some did not lose a single patient in thirty-six operations, while others lost one-ninth, one-tenth, one-fourteenth, &c.

If we add the cases of Roux, Dupuytren, and Larrey, to those quoted above, we have 448 operations and thirty-eight deaths, or one-twelfth.

Such are the statistical details given by M. Sanson, but from which he draws no conclusion whatever; he seems to us, however, to have neglected a most important element of comparison—viz. the statistical results of amputations treated by the second intention, which he could easily have had from the Hôtel Dieu, La Charité, La Pitié, &c. If we mistake not, M. Dupuytren, who treats his patients by a mixed method, loses one-fourth, a proportion very much more unfavorable than one-twelfth.

We now arrive at the termination of the thesis, in which the author gives a resumé of the advantages and disadvantages of immediate union after amputation.

The advantages have already been noticed under the head of wounds in general ; it is unnecessary to recur to them. The inconveniences evinced by the opponents are :—

1st. *Hemorrhage.*—Pellatan has much insisted on the danger of bleeding, which he says is more frequent after union by the first intention. M. Sanson regards this objection as of little value. Now-a-days the ligature is so perfected, that any danger from its relaxation, or premature division of the vessel, is slight. Besides, the inferior angle of the wound may be left open, so as to give exit to any fluid.

2nd. *Purulent Collections.*—This also is an objection of Pellatan, which the author shows to be unfounded.

3rd. *The sudden Suppression of a Long-standing Suppuration.*—This is not applicable to amputations practised for recent injuries, &c. Where the suppuration is of such a kind as to improve the general health (and this may happen), it should not be suddenly suppressed.

4th. *Phlebitis.*—This M. Sanson regards as the most important point of the question : viz. to determine whether immediate union is more favorable to the development of phlebitis than the method of allowing the wound to suppurate, because the greater number by far of patients who die after amputations in the hospitals, are carried off by phlebitis. This accident may occur after any kind of dressing, but it remains to see if one species may not favor it more than another. Two circumstances seem more particularly to predispose to phlebitis : viz. suppuration, and the stagnation of purulent matter. Now from the nature of an amputation, &c. in some suppuration at least is inevitable, and it is also a necessary consequence that the pus stagnates more or less; the skin has always a greater tendency to unite than the deeper parts, the pus is retained, alters in quality, and is absorbed; hence with all its advantages, immediate union has the great disadvantage of placing the wound in circumstances most favorable to the development of phlebitis. On this account many French surgeons place a slip of lint all along the lips of the wound, and endeavor to heal the deep-seated parts first. This *mixed method*, which M. Sanson regards as the most rational in the present state of surgery, is that employed by Boyer, Larrey, Roux, Dupuytren, &c. We cannot hope to obtain by it the rapid cures which sometimes result from the method of primary union: but these rapid cures are rare; the greater part of the cases require three weeks or a month, and the mixed method demands very little more time.

Such is a brief analysis of M. Sanson's opinions on union by the first intention. We have not now time to discuss them, but leave our readers to judge whether, as he asserts, immediate union exposes more to phlebitis, than union by suppuration. The doctrine laid down in the conclusion of the Thesis seems to be universally admitted in France, for not one of the argumentators objected to the fundamental proposition by which immediate union of the whole stump after amputation is rejected. The French surgeons, then, endeavor to heal by the first intention the bottom of the wounds, while they force the surface to suppurate.

ON THE THERAPEUTIC USES OF IODINE AND CHLORINE.

TRANSLATED BY W. C. ROBERTS, M.D. OF NEW YORK.

We had intended to have considered the iodurets and hydriodates in this paper, but we find that as yet little can be said about their therapeutic uses. Most of the iodurèts, or iodides, are soluble in water, and pass into the state of hydriodates upon contact with it; they cannot therefore be distinguished from the latter, for medical purposes, when exhibited in that vehicle. The iodurets of antimony, of arsenic, of lime, of iron, of mercury, of potassium, and of sulphur; and the hydriodates of ammonia, baryta, and soda, merit most attention; and of such as have been used in medicine, we shall take a brief survey.

The hydriodate of ammonia has been used in England under the form of ointment, for the removal of glandular tumors. The ioduret of lime has been employed in the treatment of cutaneous affections, also in the form of ointment; and it has been thought by Brèra to offer peculiar advantages in the treatment of scrofula. It seems worthy of further notice. The ioduret of iron has been commended, in the form of pill, as a remedy for leucorrhœa and amenorrhœa; and its aqueous solution (the hydriodate) is given in ten drop doses, progressively increased, morning and evening, as a tonic in scrofula. This substance has, we observe, recently attracted the notice of Dr. A. Todd Thompson, who has just published an 8vo. on its preparation and medicinal employment.

The hydriodate of potassa (or an aqueous solution of the ioduret of potassium) is familiar to the profession. Abroad it is used of the strength of thirty-six grains to the ounce of water, and is given by drops, like the tincture of iodine. Among us it is used chiefly as an ointment, mixed with lard, and is rubbed in upon glandular enlargements, in conjunction with the use of iodine internally. The hydriodate of potassa, like the other alkaline hydriodates, is susceptible of combination with a greater quantity of iodine. The preparation ultimately approved of by M. Coindet, contains 36 grains of the ioduret of potassium, and ten grains of iodine to the ounce of distilled water. Its greater activity requires that it be administered with greater reserve. In the ioduretted mineral water of Mons. Lugol, we have ℈i. of iodine and ℈ii. of the hydriodate of potassa to the ounce of aq. distill. Mons. Gendrin employs an ointment which contains 32 parts of axungia, 4 of the hyd. potassæ, and 1 of iodine; and that which is used by M. Lugol, to rub upon glandular tumors, contains a double quantity of iodine and of the salt. The hydriodate of soda, though its virtues would appear to be the same, is but little used. The ioduret of sulphur is the preparation so much used in cutaneous diseases, by Mons. Biett, at the Hop. St. Louis. He combines it with twenty times its weight of lard, or simple ointment.

The iodurets of mercury are two; they are insoluble in water. They are given in the form of tincture (in doses of five to twenty drops in distilled water); of pill and of ointment. In venereal affections, particularly when connected with a scrofulous diathesis, these iodurets have been advantageously tried. Coindet first pointed out their value, in his third paper; and M. Biett employs the prot. ioduret in syphilitic affections of the skin. An ointment of an ounce of lard, six grains of the prot. ioduret of mercury, and eight of the acet. morphiæ, has been commended as useful in congestion of the uterus and scirrhus of the mamma. Pinel considers them to be absorbed with peculiar rapidity, and very efficacious in dartrous affections. With these observations, we quit the subject of iodine and its preparations.

Chlorine.—This gas, which has been only of late admitted to the rank of a simple body, exists abundantly in nature. It is soluble in water, with which it forms the aqua chlorata, or hydrochlorine. The taste of the liquid is astringent and disagreeable, and in smell, in color, and in most of its properties, it resembles the gas itself. It must be very pure to avoid the risk of accidents, and be sedulously kept from all contact with the light. When sufficiently diluted, it has been employed therapeutically in various ways.

In syncope, in cases wherein ammonia is inefficient, the liquid chlorine has been found by Nysten to be valuable; and the experiments of Siméon upon dogs which had been poisoned by hydrocyanic acid, and were recovered by the inspiration of chlorine, are very remarkable. During the epidemics of typhus, which everywhere marked the progress of the allied armies in 1813 and 1814, liquid chlorine was often internally administered. In Germany, Doctors Braun, Schueler and Wolff, and Prof. Dzondi, give their testimony to its efficacy in this disease. Kapp, in putrid dysentery; Rossi, as a stimulant in asthenia; Luiscius, of Holland, in malignant catarrhal fever; Brathwaite, in scarlatina and angina maligna, of which he considers it the specific remedy; all commend its internal exhibition. Dr. Braun, of Coethen, tells us that an experience of ten years in scarlet fever has taught him that it prevents its contagion, and conquers its putrid tendency. He gives the pure water of chlorine (aqua oxymuriatica, vel chlorata) every two or three hours, in spoonfuls; giving to children in all two ounces, and in adults four or five. It has been particularly experimented with as a remedy for rabies. Brugnatelli, in 1816, relates, in his journal of physics and chemistry, many facts in favor of the preservative action of this article, employed as a lotion to the wounds, and in the form of pill, made with crumbs of bread, internally given; ℈ij. to children, to adults ʒij. four or five times a-day. It is true, that in opposition to this favorable evidence, there exist many counter statements; but, by Arragoni and other Italian physicians, its efficacy is still boasted, and the case of the student in pharmacy, by M. Chevallier; the new experiments of Previsali, at Paris; and the very numerous cases related by Schoenberg and Semmola, of Naples (Bull. des Scien. Med. de Ferussac, 1828), who gave ʒij. to ℥i. of dilut. aq. chlor. three times a-day, with unfailing success, tend to awaken a hope in our bosoms that a remedy, or at least a preventive, for this hitherto intractable malady may yet be found. In dartrous affections, in scabies and in pernio, we are told by Kapp, Deimann, Cluzer, and Chevallier, that the hydrochlorine has been used with success; and we find, in the Pharmacopée Universelle, the formula for an antipsoric ointment composed of ʒi. chlorine to ℥i. of axunge. The external use of chlorine, in scirrhus, goes back as far as 1787. We have the testimony of Fourcroy and Hallé, that it lessens the fœtor, renders the discharges less serous, and gives a better aspect to the sore. Brathwaite, Rollo and Brachet, have since been not less successful. Baths impregnated with chlorine have been administered in England, by Wallace, in icterus, biliary calculus and ascites, resulting from hepatic disease. The bath effects a general pruritus and much sweating; its temperature is 32° Reaum., and the patient is immersed in it for twenty minutes.

The employment of inhalations of the pure gas, or of aqueous solutions of chlorine, in pneumonic diseases, however much its irritating qualities might *a priori* be supposed to be hurtful, has been attended with very gratifying results. Hallé, and more lately, Gannal, Bourgeois, Cottereau, and others, have experimented on this subject, from having observed the immunity of bleachers from consumptive maladies. Numerous cases of phthisis, and, in some instances, very remarkable ones, treated in this way, were collected in 1828, by M. Gannal, and read by him to the Academy of Sciences. All his patients derived relief from the inhalation, and experienced a peculiar feeling of comfort. Respiration became less oppressed, the sputa less abundant; and there occurred no heat in the thorax, no fever, no hæmoptysis, as might have been feared. The cough, in some instances where the dose was not well graduated, was augmented for a while; but it soon was allayed. Some of his patients, as M. Gannal thinks, *even recovered.* (!) By Bourgeois, Bernard, Fermon and Richard, it is much lauded, and more particularly by M. Cottereau, in his cases entitled "Phthisis pulmonares;" and in a clinical lecture, by the celebrated Dr. Elliotson of London, reported in the London Medical Gazette for 1831, the inhalations of chlorine are highly commended. It is painful, however, amid so much favorable testimony, to be obliged to record the unfavorable opinion of Dr. Stokes, of Dublin, who, in a clinical lecture, reported in the London Medical and Surgical Journal, 1834, informs us, that although in some cases the inhalations of chlorine "appeared to do some good, in far more they did positive mischief." Upon the whole, the value of chlorine in well-marked phthisis is far from being established, and all that can be said is, that it may be tried in cases in which it appears that the impotence of the ordinary resources of medicine is demonstrated.

Mess. Gannal and Cottereau have each invented apparatuses for its inhalation ; but perhaps a slow and steady disengagement of the gas in the apartment of the patient, is as good a way as any for its exhibition.

A few words on the mode of administering *liquid chlorine.* It must be chosen pure and fresh ; containing a volume and a half of gas ; and it should be given in sweetened water, or in some acidulated or mucilaginous vehicle, or in the form of pill made with crumb of bread. We must be careful to guard against associating it with any organic materials which are easily alterable, with cyanogen, ammonia, &c. ; and not to place the preparations which we make of it, and which should be taken at once, in metallic vessels. Our next paper will contain a notice of the therapeutic action of the chlorides, or chlorurets of the oxides, viz. potassa, soda, &c., the employment of which is attracting much notice abroad, and deserves to be more generally known.

United States Medical and Surgical Journal.

MEDICINAL PROPERTIES OF THE CREOSOTE.

From all accounts the creosote seems to be a potent, and consequently, under a judicious use, a useful remedy. A drop put upon the tongue causes very severe pain, and blisters the part ; even the epidermis is usually detached from a portion of the skin, moistened with the pure creosote.

The solution of it in water is the preparation which Reichenbach has chiefly employed ;—its strength may be made to vary according to the strength of the irritation required ; but in most cases a solution of one part of the creosote in fifty of warm water will be found most convenient. He has used it successfully in scalds and in burns, whether the epidermis has been detached or not ; in numerous cases of chronic herpes and impetigo, in itch, &c. When these cutaneous diseases are very obstinate, and resist the effects of the creosote solution, he is in the habit of applying the substance either directly and in its pure state, or mixed with lard, so as to form an ointment ;—under the use of this ointment, the pustules or vesicles very quickly dry and fall off. The period usually required for the cure varies from one to three weeks ; and as a matter of course, this must depend on the duration of the disease, and on the constitution of the patient. Several cases of troublesome, and sometimes apparently malignant ulceration are reported as having been cured by the creosote. Scrofulous ulcers are benefited by it in an especial degree ; and when there are any sinuses or fistulæ, no injection will be found so useful as water impregnated with the creosote. If the ulcers should be obstinate, it may be well to touch the edges of them with the pure creosote ; but in most cases the application of pledgets of linen wet with the solution will be found sufficient. Tooth-ache may be often cured instantaneously by introducing a drop of it into the cavity of the decayed tooth. Even the mere gargling with the solution in water, will not unfrequently relieve the pain. The efficacy of the use of the creosote internally we should deem much more problematical, and especially in such a disease as hæmoptysis, for which it has been recommended ; the dose given was four drops rubbed up with lump sugar (it is not stated whether the four drops are to be given in one or in divided doses), and this was repeated for six or seven days.—*Bulletin Therapeut.*—*Med.-Chir. Rev.*

CASE OF NYCTALOPIA—IDIOPATHIC.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In the case of night-blindness, a brief sketch of which was given in the 26th number of the last volume of this Journal, the disease was partial in degree or incomplete ; that is, the patient possessed some power of vision when aided by artificial light : but in the subject of the present article, the blindness was total.

Neil Miller, seaman, a native of Sweden, thirty years of age, and in the enjoyment of perfect health. While at Rotterdam, two months since, he was suddenly, and without any apparent cause, attacked with night-blindness. Vision became obscured at dusk or soon after sunset, and in a short time he was unable to distinguish any object whatever. In the morning following, vision was restored, and continued throughout the day as perfect as it ever was.

At first the attack of night-blindness lasted for three successive nights, and then disappeared spontaneously, the patient not having had recourse to any remedies. In about five weeks afterwards, and while on his passage to this country, it returned as before, without any obvious cause, and has continued without intermission to the present time.

16th Sept.—His eyes presented a natural and healthy appearance ; examined by daylight,[*] the pupils dilated and contracted readily ; the irises were of a light blue color. He stated that he had always enjoyed good health, and had not resided in warm climates, except for a very short period, when he made a voyage to the West Indies.

R. Hydrargyri Submuriatis, gr. viij.
Pilulæ Aloes et Colocynthidis, gr. xviij.
Antimonii Tartarizati, gr. iv.
Misce : in pil. no. iv. dividend.

The patient was directed to take three or four of these pills[†] at once, and if no vomiting was induced in an hour, to repeat one or two pills, according to circumstances, until free emesis should have taken place.

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[*] N. B. His eyes were *not* examined by candle light.

[†] There appears very frequently in cases of nyctalopia, a remarkable torpidity of the stomach, or insensibility to the action of emetic substances. In some cases ten and fifteen grains of tartarized antimony, conjoined with or followed by a proportionate quantity of ipecac., have been taken without producing more than a slight degree of vomiting.

The following morning he had prescribed a full dose of the infusion of senna, with sulphate of magnesia.

22nd Sept.—The patient reports that he took four pills, which acted favorably as an emetico-cathartic. Two hours after the action of the medicine, his vision was restored, and it has remained perfect since.

12th Oct.—Vision continues unimpaired, and he is about to resume his usual avocation, which he was disabled from pursuing in consequence of the nyctalopia.

I have considered this as an idiopathic case of Nyctalopia, because no derangement or disorder of any other part of the system was manifested upon a strict examination; but the decided benefit derived from the administration of remedies which are known to act chiefly upon the secretions of the alimentary canal and the viscera subservient to the process of digestion, would tend to show the existence of some derangement of those organs, which had escaped notice, and of which the patient himself was not aware.

Boston, February, 1835.

LOZENGES FOR HOARSENESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It may not be generally known to the readers of your Journal that Lozenges made of sugar and pulverized cubebs (Piper cubeba) have the quality, when slowly dissolved in the mouth, of removing hoarseness and of rendering the voice clear—a fact of which singers have availed themselves with success, and which might perhaps be of service to public speakers. Allow me to propose a trial of its virtues in hoarseness arising from catarrh, sometimes an obstinate malady; and also in sore throat from atmospheric changes. Yours truly, D.

Boston, February, 1835.

The above lozenges may be found at the druggist shop of J. P. Preston, Federal Street, and other druggists.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1835.

A VALETUDINARIAN CHAIR.

Mr. Benjamin W. Hayes, of Pittsfield, Mass. an ingenious and intelligent mechanic, has devised a chair, which we are inclined to suppose a very useful invention, a description of which accompanies this notice. Drs. Child and Parker, of that place, who are eminently well qualified to judge of its merits, have given their approbation, and recommend it to the favorable consideration of the profession. To have made the machine

better understood, a drawing seems almost indispensable, which we do not despair of receiving at some future time, when it will give us pleasure to advert to the subject again. In the mean time, if Mr. Hayes expects a compensation adequate to the time and labor he has devoted to the construction of what appears to be an auxiliary apparatus in surgical practice, he should not only place it in the hospitals of the principal cities, but call to it the attention of medical men through the appropriate channels of journals of science. His description of the chair follows.

I send a brief description of a chair designed for the sick, for which I have recently received a patent.

It consists of a substantial frame about 22 inches wide, and of suitable depth, height and strength ; the back posts rising higher than the front ones, by an easy curve of the arm-pieces : the bottom part of the posts are planed out in front and rear, to sustain the balance of an individual when laid in a horizontal position ; which is done by letting the back down to any given angle, which is made fast by a simple strap and buckle attached to the arm-pieces. The foot pieces are raised on a pivot at the seat, and made fast at any angle by a strap and buckle; a sliding panel is drawn out of the foot piece, making the bed of a suitable length ; the head piece when the back is perpendicular, is turned up for a headboard when in a horizontal position. There are rollers in the bottom of the posts, on which a patient may be moved and rolled from one apartment or place to another. A pair of cross or cradle rockers are folded in to a horizontal, or pressed out into a perpendicular position by the simple movement of a strap on each side of the chair, making a cradle or rocking bed. A pair of side rockers, with a joint in the middle, are so contrived, that an individual sitting in the chair can, by a simple and easy motion of a short lever on the right side, press down the rockers, by doing which the whole is raised from the rollers, or cross rockers, into a common rocking chair. The rollers in the bottom of the posts are so arranged as to form a check to both pair of rockers, preventing the chair or bed from overturning ; the foot piece is made in two parts, to be convenient for a lame or fractured limb ; a foot board is also attached to supply the place of a common footstool. A light table is fitted to the arm-pieces, suitable for an eating, writing, or working table.

The whole is plain and simple in its construction, fitted for all the purposes of the nursery and parlor ; adapted to all classes of invalids ; easily changed into a great variety of positions to suit dropsical, asthmatic and rheumatic patients ; cheap and of convenient size, light and portable. It is easily conveyed from one apartment or place to another, is well calculated for journeying with weak and feeble persons, affording a comfortable bed when needed by the way—well calculated for a hospital, surgeon's or dentist's chair, and not less adapted for all the ordinary purposes of a common rocking chair or a simple bed, in a private family or public office.

LUNATICS IN THE UNITED STATES.

From the mass of curious statistical items gathered by the persevering industry of the Prison Discipline Society, the following table has been selected.

Assuming, says the writer, that the number of lunatics is as one to a thousand of the population, which is found to correspond very nearly with facts, where they have been ascertained, it is to be presumed that the following tabular view of the number of insane, in each State, cannot be far from true.

	No. Insane.		No. Insane.
Maine	399	Tennessee	681
New Hampshire	269	Ohio	935
Vermont	280	Louisiana	215
Massachusetts	610	Indiana	139
Rhode Island	97	Illinois	157
Connecticut	297	Alabama	309
New York	1,918	Missouri	140
New Jersey	320	Michigan	31
Pennsylvania	1,348	Arkansas	30
Delaware	76	Florida	35
Maryland	447	District of Columbia	39
Virginia	1,211		
North Carolina	737	Total,	11,919
South Carolina	516		

In five or six States, there are private asylums, which may contain in all about a thousand patients. For the remaining ten thousand, nine hundred and nineteen, no suitable efforts are making for their restoration. It is a melancholy reflection, that between seven and eight thousand of these unhappy, unconscious, irresponsible fellow beings, are paupers—many of whom roam over the country, neglected and often abused, without exciting that active benevolence of feeling in the whole community, which is imperiously called for by this great multitude of wretched lunatics, who should all be housed, be fed, be clothed, and treated in the kindest manner at the expense of the States in which they have had a habitancy.

SMALLPOX.

Since our last Journal was published, there has been some considerable excitement in the neighboring town of Roxbury, in consequence of the sudden appearance of several cases of smallpox among the Irish who are settled there. Unfortunately, two or three children were inoculated with smallpox matter by a member of one of the infected families; but as all the sick have been removed to a remote section of the town, and vaccination actively resorted to, there is every reason for believing that this alarming scourge will be circumscribed to very narrow limits.

Boston, in relation to this one disease, practises upon a most excellent system. Smallpox cannot exist in the city, as the patients are removed as soon as the character of the eruption is understood. So long as the Health Department is managed with the same promptitude and energy which has distinguished it thus far, strangers may walk our streets without the fear of contracting this horrible distemper. If the same efficient course were pursued in all the large Atlantic cities, the country would never be in danger from its sudden and alarming inroads.

India Rubber Beds for Hospitals.—The perfection to which the workmen carry the manufacture of India Rubber, in the vicinity of Boston, is very extraordinary. No one article in their catalogue of useful things would probably interest a surgeon so much as the *air beds*. Through a tube in one corner, the tick is blown up by the mouth, to any required dimensions; and when it is no longer wanted, may be so packed away as to be placed in a gentleman's hat. Being confident, from critical observation, strengthened by the assurances of Mr. Martin, the agent, that they will be economical, as it regards cost, and being fully persuaded they are not only really comfortable, but altogether superior to straw, flocks, hair, moss, feathers and the like, from the circumstance that they imbibe neither fluids or the perspirable matter of the body, we strongly recommend their adoption in every institution where such furniture is required.

Loss of the Sense of Smelling.—By Robert J. Graves, M.D. "I had lately an opportunity of observing a very singular case of the total loss of the sense of smelling, occasioned by exposure to the effects of a very strong and disagreeable odor. Mr. ——, formerly a captain in a yeomanry corps, was attended by Mr. Barker of Britain street and myself. He was affected with ascites, and in the course of conversation one day, mentioned that in the Irish rebellion of 1798, information was received by the magistrates, that five hundred pikes were concealed in one of the markets of Dublin, buried at the bottom of a large cess-pool, which was filled with the offscourings of the market and all manner of filth. He proceeded to the place, and superintended the work of emptying out the cess-pool, at the bottom of which the concealed arms were found as specified. During this operation he was exposed to the most abominable effluvia, and suffered greatly at the time from the stench. Next day he found that he had become entirely insensible to odors, and since that, now a period of thirty-six years, he has remained completely deprived of the sense of smelling. From this, it appears, that as exposure to very intense light may produce amaurosis, so exposure to intense odors may produce a corresponding affection of the olfactory nerve."—*Med.-Chir. Rev.*

Soot as a Substitute for Creosote.—M. Bland, physician to the Hospital de Bancaire, relates several cases of successful treatment of obstinate cutaneous affections, including several cancerous ulcerations, with soot instead of the expensive article creosote. The lotion was made by boiling two large handfuls of soot in a pint of water for half an hour, and then straining it. This was applied four times, or oftener, in a day.

Head of the Illustrious Scarpa.—Two things seem to have particularly struck M. Roux (query—the celebrated Parisian surgeon of that name ?) on his late Italian tour—the respect everywhere paid to the memory of departed greatness, and the ardor evinced for the pursuit of practical anatomy. Of both, however, he had rather an unpleasant proof in one instance. He was shocked, he says, at Pavia, to see the head of the illustrious Scarpa actually undergoing the process of maceration, in a vessel, along with other anatomical preparations !—*Med. Gaz.*

Maine School of Medicine.—On Monday last. Feb. 16, the annual lecture term commenced at Bowdoin College. Dr. Childs, the Professor of Theory and Practice of Medicine, passed through this city, the last week, on his way to Brunswick. We have always been favorably impressed with the operations of this school, and certainly wish the faculty a pleasant and profitable season. As it regards the students, they cannot be poorly taught by such men as now *fill the chairs* of the institution.

Confluent Smallpox.—In all cases of confluent smallpox, particularly when the surface of the body becomes denuded of large portions of skin, if Peruvian bark, finely pulverized, is sifted over the inflamed surfaces, once or twice a day, an invariable relief is afforded, and the prospect of recovery is always more favorable by thus allaying the extreme irritation.

Medical School of Baltimore.—From a recently received catalogue, it appears there are one hundred and forty-three students attending lectures. The term closes on the last day of February.

Harvard University.—The corporation of Harvard University have recently established a Professorship of Surgery. The statutes of the professorship were ratified by the Overseers at their meeting last week; and the nomination by the corporation of George Hayward, M.D. as Professor of the Principles of Surgery, was announced. At the meeting of the Overseers on Thursday last, the nomination was unanimously confirmed.

Massachusetts General Hospital.—Drs. Townsend and Doane have been elected Consulting Surgeons by the Board of Trustees of the Massachusetts General Hospital.

To Correspondents.—H. F. and others were too late for this week.

Died—At Baltimore, Dr. William Donaldson, a distinguished member of the profession.—In Savannah, Geo. Dr. Moses Sheftall.

Whole number of deaths in Boston for the week ending Feb. 14, 29. Males, 21—Females, 8.
Of infantile, 2—lung fever, 3—inflammation of the bowels, 1—old age, 4—intemperance, 3—consumption, 4—scarlet fever, 4—brain fever, 1—child-bed, 1—dropsy on the brain, 2—cholera morbus, 1—dropsy, 1—drowned, 1.

ADVERTISEMENTS.

TO PHYSICIANS.

An eligible country situation, for a medical practitioner, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. Feb. 18.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835. eptf.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. Smith, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

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